

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRI. N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. H. McCaw, of Columbia.

McCaw.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of .....  
or  
Inc. Town of .....  
or  
City of Abbeville (No. 1 Main St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

**13323**

(2) Full Name of Child Ruby Corin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X  
To be answered only in event of Twins or Triplets

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 12, 1915  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Corin

(9) PRESENT POSTOFFICE OF FATHER Abbeville

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Abbeville Co

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Jane Watson

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 7 P M., on the date above stated. (~~Born alive~~ or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Person

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 13, 1915 (28) J. G. Person Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

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